

## LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

*Lori J. Warner* JUN 25, 2018  
Local Registrar Date Issued

P 25162066

Certification Number

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

### CERTIFICATE OF DEATH

State File Number: \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last, Suffix) **Thomas Malya** 2. Sex **Male** 3. Date of Death (MM/DD/YYYY) **06/23/2018**

4a. Age Last Birthday (Yrs) **66** 4b. Under 1 Year **Months** 4c. Under 1 Day **Days** 4d. Date of Birth (MM/DD/YYYY) **April 25, 1952**

5a. Birthplace (City and State or Foreign Country) **Plain Twp., PA** 5b. Birthplace (County) **Luzerne**

6a. Residence (State or Foreign Country) **Pennsylvania** 6b. Residence (Street and Number - include Apt. No.) **21 Pine Street** 6c. Did Decedent Live in a Township? ☐ Yes, decedent lived in \_\_\_\_\_, township. ☒ No, decedent lived in limits of **Harveys Lake**, city/town.

6d. Residence (Zip Code) **18618** 6e. Decedent lived in limits of **Harveys Lake**, city/town.

7. Ever in US Armed Forces? ☐ Yes ☒ No ☐ Unknown 8. Marital Status at Time of Death ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown

9. Father / Parent's Name (First, Middle, Last, Suffix) **Henry Malya** 10. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) **Dorothea Catina**

11. Informant's Name **Dorothea Malya** 12. Relationship to Decedent **Spouse** 13. Informant's Address (Street and Number, City, State, Zip Code) \_\_\_\_\_

14. Place of Death (Check only one) ☐ Death Occurred in a Hospital ☒ Emergency Room/Outpatient ☐ Inpatient ☐ Dead on Arrival ☐ Death Occurred Somewhere Other Than a Hospital ☐ Nursing Home/Long-Term Care Facility ☐ Hospice Facility ☐ Decedent's Home

15. Facility Name (If not institution, give street and number) **Wilkes-Barre General Hospital** 16. City or Town, State, and Zip Code **Wilkes-Barre, PA 18764** 17. County of Death **Luzerne**

18a. Method of Disposition ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from State ☐ Other (Specify) \_\_\_\_\_ 18b. Date of Disposition **June 27, 2018** 18c. Place of Disposition (Name of cemetery, crematory, or other place) **St. Nicholas Cemetery**

19a. Location of Disposition (City or Town, State, and Zip Code) **Shavertown, PA 18708** 19b. License Number **FD012639L**

20. Name and Complete Address of Funeral Facility **Nat & Gawlas Funeral Home, 89 Park Avenue, Wilkes-Barre, PA 18702**

21. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. ☒ 8th grade or less ☐ No diploma, 9th - 12th grade ☐ High school graduate or GED complete ☐ Some college credit, but no degree ☐ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, BS, BSc) ☐ Master's degree (e.g., MA, MS, MEd, MDiv, MBA) ☐ Graduate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)

22. Decedent's Race - Check ONLY ONE to indicate what the decedent considered himself or herself to be. ☒ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Other Pacific Islander ☐ Don't Know/Not Sure ☐ Refused ☐ Other (Specify) \_\_\_\_\_

23. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. **Head Custodian**

24. Decedent's Race - Check ONLY ONE to indicate what the decedent considered himself or herself to be. ☒ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Other Pacific Islander ☐ Don't Know/Not Sure ☐ Refused ☐ Other (Specify) \_\_\_\_\_

25. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. **Head Custodian**

26. Date Pronounced Dead (MM/DD/YYYY) **06/23/2018** 27. Time of Death **19:35 PM** 28. Was Medical Examiner or Coroner Contacted? ☐ Yes ☒ No

29. Part I. Enter the **IMMEDIATE CAUSE** (Final disease or condition resulting in death) **RESPIRATORY ARREST**

30. Part II. Enter **CAUSE OF DEATH** (Final disease or condition resulting in death) **RESPIRATORY ARREST**

31. Part III. Enter **OTHER CAUSE OF DEATH** (Final disease or condition resulting in death) \_\_\_\_\_

32. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 27 days of death ☐ Not pregnant, but pregnant 28 days to 1 year before death ☐ Unknown if pregnant within the past year

33. Date of Injury (MM/DD/YYYY) **06/23/2018** 34. Time of Injury **19:35 PM**

35. Place of Injury (e.g., home, construction site, farm, school) \_\_\_\_\_ 36. Location of Injury (Street and Number, City, County, State, Zip Code) \_\_\_\_\_

37. Injury at Work ☐ Yes ☒ No 38. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) \_\_\_\_\_

39. Describe How Injury Occurred: \_\_\_\_\_

40. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): ☒ Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ☐ Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of Certifier **[Signature]** Title of Certifier **MD** License Number **MD459060**

41. Name, Address and Zip Code of Person Completing Cause of Death (Item 28) **DR. KHUSHBU DESAI 575 N. RIVER ST. WILKES-BARRE PA 18764** 42. Date Signed (MM/DD/YYYY) **06-23-2018**

43. Registrar's District Number **40-372** 44. Registrar's Signature **[Signature]** 45. Registrar's Date (MM/DD/YYYY) **06/25/2018**

46. Amendments \_\_\_\_\_

Disposition Permit No. **1510103**